
State: District of Columbia **Filing Company:** American Heritage Life Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Critical Illness
Project Name/Number: /

Filing at a Glance

Company: American Heritage Life Insurance Company
Product Name: Critical Illness
State: District of Columbia
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Rate
Date Submitted: 01/03/2014
SERFF Tr Num: ALST-129359306
SERFF Status: Pending State Action
State Tr Num:
State Status:
Co Tr Num: GCI3DC

Implementation: On Approval
Date Requested:
Author(s): Paul Ramirez, Tanya Dostie
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Critical Illness
Project Name/Number: /

Filing Company: American Heritage Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type: Unions
Overall Rate Impact: Filing Status Changed: 01/16/2014
State Status Changed:
Deemer Date: Created By: Tanya Dostie
Submitted By: Tanya Dostie Corresponding Filing Tracking Number:

Filing Description:
January 3, 2014
NAIC No. 60534
FEIN No. 59-0781901

District of Columbia Department of Insurance

SUBMISSION
RATE FILING
FORM NUMBER GCIP3DC, GCIC3DC

Enclosed is the actuarial memorandum in support of the rate changes we are requesting for the above-mentioned forms. These forms have composite rating based on a weighted average of the manual rates. These forms were approved on 3/12/2010.

We appreciate your Department's time and consideration in the review of this filing. If you have any questions regarding this filing, you may contact me at American Heritage Life's home office at 904-992-3582 or via email at tlari@allstate.com.

Sincerely,

Tanya Dostie
Actuarial Technician, Actuarial Product

Company and Contact

Filing Contact Information

Tanya Dostie , Actuarial Technician tlari@allstate.com
1776 American Heritage Life Dr. 904-992-3582 [Phone]
Jacksonville, FL 32224

State: District of Columbia**Filing Company:** American Heritage Life Insurance Company**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness**Product Name:** Critical Illness**Project Name/Number:** /**Filing Company Information**American Heritage Life Insurance
Company

CoCode: 60534

State of Domicile: Florida

ATTN: Legal/Compliance

Group Code: 8

Company Type: Life and

1776 American Heritage Life Drive

Group Name: Allstate

Health

Jacksonville, FL 32224-9983

FEIN Number: 59-0781901

State ID Number:

(904) 992-1776 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	Critical Illness		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Heritage Life Insurance Company	-40.000%	-40.000%	\$0	0	\$0	0.000%	0.000%

State:	District of Columbia	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	Critical Illness		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		GCIP3_ActMemo_DC_rates.pdf	GCIP3DC, GCIC3DC	Revised	Previous State Filing Number: ALST-126528567 Percent Rate Change Request:	GCIP3_ActMemo_DC_rates.pdf,

Appendix A
Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (with pre-ex and employer paid/100% participation)

Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$1.01	\$1.85	\$1.52	\$2.78	\$1.01	\$1.85	\$1.52	\$2.78
25-29	\$1.01	\$1.85	\$1.52	\$2.78	\$1.01	\$1.85	\$1.52	\$2.78
30-35	\$1.01	\$1.85	\$1.52	\$2.78	\$1.01	\$1.85	\$1.52	\$2.78
36-39	\$3.44	\$6.22	\$5.16	\$9.33	\$3.44	\$6.22	\$5.16	\$9.33
40-44	\$3.44	\$6.22	\$5.16	\$9.33	\$3.44	\$6.22	\$5.16	\$9.33
45-50	\$3.44	\$6.22	\$5.16	\$9.33	\$3.44	\$6.22	\$5.16	\$9.33
51-54	\$8.06	\$14.11	\$12.09	\$21.17	\$8.06	\$14.11	\$12.09	\$21.17
55-60	\$8.06	\$14.11	\$12.09	\$21.17	\$8.06	\$14.11	\$12.09	\$21.17
61-63	\$13.86	\$22.18	\$20.79	\$33.27	\$13.86	\$22.18	\$20.79	\$33.27
64-70	\$22.26	\$35.62	\$33.39	\$53.43	\$22.26	\$35.62	\$33.39	\$53.43
71+	\$22.26	\$35.62	\$33.39	\$53.43	\$22.26	\$35.62	\$33.39	\$53.43

Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$1.99	\$3.62	\$2.99	\$5.43	\$1.99	\$3.62	\$2.99	\$5.43
25-29	\$1.99	\$3.62	\$2.99	\$5.43	\$1.99	\$3.62	\$2.99	\$5.43
30-35	\$1.99	\$3.62	\$2.99	\$5.43	\$1.99	\$3.62	\$2.99	\$5.43
36-39	\$5.16	\$9.33	\$7.74	\$14.00	\$5.16	\$9.33	\$7.74	\$14.00
40-44	\$5.16	\$9.33	\$7.74	\$14.00	\$5.16	\$9.33	\$7.74	\$14.00
45-50	\$5.16	\$9.33	\$7.74	\$14.00	\$5.16	\$9.33	\$7.74	\$14.00
51-54	\$11.14	\$19.48	\$16.71	\$29.22	\$11.14	\$19.48	\$16.71	\$29.22
55-60	\$11.14	\$19.48	\$16.71	\$29.22	\$11.14	\$19.48	\$16.71	\$29.22
61-63	\$16.58	\$26.55	\$24.87	\$39.83	\$16.58	\$26.55	\$24.87	\$39.83
64-70	\$22.74	\$36.42	\$34.11	\$54.63	\$22.74	\$36.42	\$34.11	\$54.63
71+	\$22.74	\$36.42	\$34.11	\$54.63	\$22.74	\$36.42	\$34.11	\$54.63

Second Event for Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
25-29	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
30-35	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
36-39	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
40-44	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
45-50	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
51-54	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
55-60	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
61-63	\$0.15	\$0.24	\$0.23	\$0.36	\$0.15	\$0.24	\$0.23	\$0.36
64-70	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60
71+	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60

Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (with pre-ex and employer paid/100% participation)

Wellness

Benefit amount	\$50	\$50	\$75	\$75	\$100	\$100
Iss Age	1 Adult	2 adult	1 Adult	2 adult	1 Adult	2 adult
18-24	\$15.00	\$30.00	\$25.20	\$50.40	\$66.24	\$132.48

Second Event for Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
25-29	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
30-35	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
36-39	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
40-44	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
45-50	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
51-54	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
55-60	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
61-63	\$0.27	\$0.43	\$0.41	\$0.65	\$0.27	\$0.43	\$0.41	\$0.65
64-70	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90
71+	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90

Supplemental CI(I/II) (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.31	\$0.31	\$0.47	\$0.47	\$0.31	\$0.31	\$0.47	\$0.47
25-29	\$0.31	\$0.31	\$0.47	\$0.47	\$0.31	\$0.31	\$0.47	\$0.47
30-35	\$0.31	\$0.31	\$0.47	\$0.47	\$0.31	\$0.31	\$0.47	\$0.47
36-39	\$1.23	\$1.23	\$1.85	\$1.85	\$1.23	\$1.23	\$1.85	\$1.85
40-44	\$1.23	\$1.23	\$1.85	\$1.85	\$1.23	\$1.23	\$1.85	\$1.85
45-50	\$1.23	\$1.23	\$1.85	\$1.85	\$1.23	\$1.23	\$1.85	\$1.85
51-54	\$2.61	\$2.61	\$3.92	\$3.92	\$2.61	\$2.61	\$3.92	\$3.92
55-60	\$2.61	\$2.61	\$3.92	\$3.92	\$2.61	\$2.61	\$3.92	\$3.92
61-63	\$4.45	\$4.45	\$6.68	\$6.68	\$4.45	\$4.45	\$6.68	\$6.68
64-70	\$7.07	\$7.07	\$10.61	\$10.61	\$7.07	\$7.07	\$10.61	\$10.61
71+	\$7.07	\$7.07	\$10.61	\$10.61	\$7.07	\$7.07	\$10.61	\$10.61

No additional charge for children

Unitobacco rates are a weighted average of tobacco and non-tobacco

Composite rates: Requires a census of eligible members of the group to calculate a weighted average of the rates.

Semiannual premiums equal .50 multiplied by the annual premium.

Quarterly premiums equal .25 multiplied by the annual premium.

Monthly premiums equal .08333333 multiplied by the annual premium.

This form has no certificate fee

Rates can be lowered

Appendix A
Group Voluntary Critical Illness Policy Form GCIC3DC

Maximum Annual premiums per unit (without pre-ex and employer paid/100% participation)

Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$1.06	\$1.94	\$1.59	\$2.91	\$1.06	\$1.94	\$1.59	\$2.91
25-29	\$1.06	\$1.94	\$1.59	\$2.91	\$1.06	\$1.94	\$1.59	\$2.91
30-35	\$1.07	\$1.96	\$1.61	\$2.94	\$1.07	\$1.96	\$1.61	\$2.94
36-39	\$3.65	\$6.59	\$5.48	\$9.89	\$3.65	\$6.59	\$5.48	\$9.89
40-44	\$3.72	\$6.71	\$5.58	\$10.07	\$3.72	\$6.71	\$5.58	\$10.07
45-50	\$3.72	\$6.71	\$5.58	\$10.07	\$3.72	\$6.71	\$5.58	\$10.07
51-54	\$8.87	\$15.53	\$13.31	\$23.30	\$8.87	\$15.53	\$13.31	\$23.30
55-60	\$9.11	\$15.95	\$13.67	\$23.93	\$9.11	\$15.95	\$13.67	\$23.93
61-63	\$15.94	\$25.50	\$23.91	\$38.25	\$15.94	\$25.50	\$23.91	\$38.25
64-70	\$26.05	\$41.67	\$39.08	\$62.51	\$26.05	\$41.67	\$39.08	\$62.51
71+	\$26.71	\$42.74	\$40.07	\$64.11	\$26.71	\$42.74	\$40.07	\$64.11

Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$1.97	\$3.58	\$2.96	\$5.37	\$1.97	\$3.58	\$2.96	\$5.37
25-29	\$1.97	\$3.58	\$2.96	\$5.37	\$1.97	\$3.58	\$2.96	\$5.37
30-35	\$1.99	\$3.61	\$2.99	\$5.42	\$1.99	\$3.61	\$2.99	\$5.42
36-39	\$5.15	\$9.30	\$7.73	\$13.95	\$5.15	\$9.30	\$7.73	\$13.95
40-44	\$5.25	\$9.48	\$7.88	\$14.22	\$5.25	\$9.48	\$7.88	\$14.22
45-50	\$5.25	\$9.48	\$7.88	\$14.22	\$5.25	\$9.48	\$7.88	\$14.22
51-54	\$11.53	\$20.15	\$17.30	\$30.23	\$11.53	\$20.15	\$17.30	\$30.23
55-60	\$11.84	\$20.70	\$17.76	\$31.05	\$11.84	\$20.70	\$17.76	\$31.05
61-63	\$17.93	\$28.71	\$26.90	\$43.07	\$17.93	\$28.71	\$26.90	\$43.07
64-70	\$25.02	\$40.07	\$37.53	\$60.11	\$25.02	\$40.07	\$37.53	\$60.11
71+	\$25.66	\$41.10	\$38.49	\$61.65	\$25.66	\$41.10	\$38.49	\$61.65

Second Event for Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
25-29	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
30-35	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
36-39	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
40-44	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
45-50	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
51-54	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
55-60	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
61-63	\$0.15	\$0.24	\$0.23	\$0.36	\$0.15	\$0.24	\$0.23	\$0.36
64-70	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60
71+	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60

Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (without pre-ex and employer paid/100% participation)

Wellness

Benefit amount	\$50	\$50	\$75	\$75	\$100	\$100
Iss Age	1 Adult	2 adult	1 Adult	2 adult	1 Adult	2 adult
18-24	\$15.00	\$30.00	\$25.20	\$50.40	\$66.24	\$132.48

Second Event for Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
25-29	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
30-35	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
36-39	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
40-44	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
45-50	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
51-54	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
55-60	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
61-63	\$0.27	\$0.43	\$0.41	\$0.65	\$0.27	\$0.43	\$0.41	\$0.65
64-70	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90
71+	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90

Supplemental CI(I/II) (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.32	\$0.32	\$0.48	\$0.48	\$0.32	\$0.32	\$0.48	\$0.48
25-29	\$0.32	\$0.32	\$0.48	\$0.48	\$0.32	\$0.32	\$0.48	\$0.48
30-35	\$0.32	\$0.32	\$0.48	\$0.48	\$0.32	\$0.32	\$0.48	\$0.48
36-39	\$1.31	\$1.31	\$1.97	\$1.97	\$1.31	\$1.31	\$1.97	\$1.97
40-44	\$1.33	\$1.33	\$2.00	\$2.00	\$1.33	\$1.33	\$2.00	\$2.00
45-50	\$1.33	\$1.33	\$2.00	\$2.00	\$1.33	\$1.33	\$2.00	\$2.00
51-54	\$2.87	\$2.87	\$4.31	\$4.31	\$2.87	\$2.87	\$4.31	\$4.31
55-60	\$2.96	\$2.96	\$4.44	\$4.44	\$2.96	\$2.96	\$4.44	\$4.44
61-63	\$5.12	\$5.12	\$7.68	\$7.68	\$5.12	\$5.12	\$7.68	\$7.68
64-70	\$8.27	\$8.27	\$12.41	\$12.41	\$8.27	\$8.27	\$12.41	\$12.41
71+	\$8.47	\$8.47	\$12.71	\$12.71	\$8.47	\$8.47	\$12.71	\$12.71

No additional charge for children

Unitobacco rates are a weighted average of tobacco and non-tobacco

Composite rates: Requires a census of eligible members of the group to calculate a weighted average of the rates.

Semiannual premiums equal .50 multiplied by the annual premium.

Quarterly premiums equal .25 multiplied by the annual premium.

Monthly premiums equal .08333333 multiplied by the annual premium.

This form has no certificate fee

Rates can be lowered

Appendix A
Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (with pre-ex and voluntary)

Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$1.11	\$2.04	\$1.67	\$3.06	\$1.11	\$2.04	\$1.67	\$3.06
25-29	\$1.11	\$2.04	\$1.67	\$3.06	\$1.11	\$2.04	\$1.67	\$3.06
30-35	\$1.11	\$2.04	\$1.67	\$3.06	\$1.11	\$2.04	\$1.67	\$3.06
36-39	\$3.78	\$6.84	\$5.67	\$10.26	\$3.78	\$6.84	\$5.67	\$10.26
40-44	\$3.78	\$6.84	\$5.67	\$10.26	\$3.78	\$6.84	\$5.67	\$10.26
45-50	\$3.78	\$6.84	\$5.67	\$10.26	\$3.78	\$6.84	\$5.67	\$10.26
51-54	\$8.87	\$15.52	\$13.31	\$23.28	\$8.87	\$15.52	\$13.31	\$23.28
55-60	\$8.87	\$15.52	\$13.31	\$23.28	\$8.87	\$15.52	\$13.31	\$23.28
61-63	\$15.25	\$24.40	\$22.88	\$36.60	\$15.25	\$24.40	\$22.88	\$36.60
64-70	\$24.49	\$39.18	\$36.74	\$58.77	\$24.49	\$39.18	\$36.74	\$58.77
71+	\$24.49	\$39.18	\$36.74	\$58.77	\$24.49	\$39.18	\$36.74	\$58.77

Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$2.19	\$3.98	\$3.29	\$5.97	\$2.19	\$3.98	\$3.29	\$5.97
25-29	\$2.19	\$3.98	\$3.29	\$5.97	\$2.19	\$3.98	\$3.29	\$5.97
30-35	\$2.19	\$3.98	\$3.29	\$5.97	\$2.19	\$3.98	\$3.29	\$5.97
36-39	\$5.68	\$10.26	\$8.52	\$15.39	\$5.68	\$10.26	\$8.52	\$15.39
40-44	\$5.68	\$10.26	\$8.52	\$15.39	\$5.68	\$10.26	\$8.52	\$15.39
45-50	\$5.68	\$10.26	\$8.52	\$15.39	\$5.68	\$10.26	\$8.52	\$15.39
51-54	\$12.25	\$21.43	\$18.38	\$32.15	\$12.25	\$21.43	\$18.38	\$32.15
55-60	\$12.25	\$21.43	\$18.38	\$32.15	\$12.25	\$21.43	\$18.38	\$32.15
61-63	\$18.24	\$29.21	\$27.36	\$43.82	\$18.24	\$29.21	\$27.36	\$43.82
64-70	\$25.01	\$40.06	\$37.52	\$60.09	\$25.01	\$40.06	\$37.52	\$60.09
71+	\$25.01	\$40.06	\$37.52	\$60.09	\$25.01	\$40.06	\$37.52	\$60.09

Second Event for Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
25-29	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
30-35	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
36-39	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
40-44	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
45-50	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
51-54	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
55-60	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
61-63	\$0.15	\$0.24	\$0.23	\$0.36	\$0.15	\$0.24	\$0.23	\$0.36
64-70	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60
71+	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60

Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (with pre-ex and voluntary)

Wellness

Benefit amount	\$50	\$50	\$75	\$75	\$100	\$100
Iss Age	1 Adult	2 adult	1 Adult	2 adult	1 Adult	2 adult
18-24	\$15.00	\$30.00	\$25.20	\$50.40	\$66.24	\$132.48

Second Event for Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
25-29	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
30-35	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
36-39	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
40-44	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
45-50	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
51-54	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
55-60	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
61-63	\$0.27	\$0.43	\$0.41	\$0.65	\$0.27	\$0.43	\$0.41	\$0.65
64-70	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90
71+	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90

Supplemental CI(I/II) (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.34	\$0.34	\$0.51	\$0.51	\$0.34	\$0.34	\$0.51	\$0.51
25-29	\$0.34	\$0.34	\$0.51	\$0.51	\$0.34	\$0.34	\$0.51	\$0.51
30-35	\$0.34	\$0.34	\$0.51	\$0.51	\$0.34	\$0.34	\$0.51	\$0.51
36-39	\$1.35	\$1.35	\$2.03	\$2.03	\$1.35	\$1.35	\$2.03	\$2.03
40-44	\$1.35	\$1.35	\$2.03	\$2.03	\$1.35	\$1.35	\$2.03	\$2.03
45-50	\$1.35	\$1.35	\$2.03	\$2.03	\$1.35	\$1.35	\$2.03	\$2.03
51-54	\$2.87	\$2.87	\$4.31	\$4.31	\$2.87	\$2.87	\$4.31	\$4.31
55-60	\$2.87	\$2.87	\$4.31	\$4.31	\$2.87	\$2.87	\$4.31	\$4.31
61-63	\$4.90	\$4.90	\$7.35	\$7.35	\$4.90	\$4.90	\$7.35	\$7.35
64-70	\$7.78	\$7.78	\$11.67	\$11.67	\$7.78	\$7.78	\$11.67	\$11.67
71+	\$7.78	\$7.78	\$11.67	\$11.67	\$7.78	\$7.78	\$11.67	\$11.67

No additional charge for children

Unitobacco rates are a weighted average of tobacco and non-tobacco

Composite rates: Requires a census of eligible members of the group to calculate a weighted average of the rates.

Semiannual premiums equal .50 multiplied by the annual premium.

Quarterly premiums equal .25 multiplied by the annual premium.

Monthly premiums equal .08333333 multiplied by the annual premium.

This form has no certificate fee

Rates can be lowered

Appendix A
Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (without pre-ex and voluntary)

Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$1.17	\$2.13	\$1.76	\$3.20	\$1.17	\$2.13	\$1.76	\$3.20
25-29	\$1.17	\$2.13	\$1.76	\$3.20	\$1.17	\$2.13	\$1.76	\$3.20
30-35	\$1.18	\$2.16	\$1.77	\$3.24	\$1.18	\$2.16	\$1.77	\$3.24
36-39	\$4.02	\$7.25	\$6.03	\$10.88	\$4.02	\$7.25	\$6.03	\$10.88
40-44	\$4.09	\$7.38	\$6.14	\$11.07	\$4.09	\$7.38	\$6.14	\$11.07
45-50	\$4.09	\$7.38	\$6.14	\$11.07	\$4.09	\$7.38	\$6.14	\$11.07
51-54	\$9.76	\$17.08	\$14.64	\$25.62	\$9.76	\$17.08	\$14.64	\$25.62
55-60	\$10.02	\$17.55	\$15.03	\$26.33	\$10.02	\$17.55	\$15.03	\$26.33
61-63	\$17.53	\$28.05	\$26.30	\$42.08	\$17.53	\$28.05	\$26.30	\$42.08
64-70	\$28.66	\$45.84	\$42.99	\$68.76	\$28.66	\$45.84	\$42.99	\$68.76
71+	\$29.38	\$47.01	\$44.07	\$70.52	\$29.38	\$47.01	\$44.07	\$70.52

Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$2.17	\$3.94	\$3.26	\$5.91	\$2.17	\$3.94	\$3.26	\$5.91
25-29	\$2.17	\$3.94	\$3.26	\$5.91	\$2.17	\$3.94	\$3.26	\$5.91
30-35	\$2.19	\$3.97	\$3.29	\$5.96	\$2.19	\$3.97	\$3.29	\$5.96
36-39	\$5.67	\$10.23	\$8.51	\$15.35	\$5.67	\$10.23	\$8.51	\$15.35
40-44	\$5.78	\$10.43	\$8.67	\$15.65	\$5.78	\$10.43	\$8.67	\$15.65
45-50	\$5.78	\$10.43	\$8.67	\$15.65	\$5.78	\$10.43	\$8.67	\$15.65
51-54	\$12.68	\$22.17	\$19.02	\$33.26	\$12.68	\$22.17	\$19.02	\$33.26
55-60	\$13.02	\$22.77	\$19.53	\$34.16	\$13.02	\$22.77	\$19.53	\$34.16
61-63	\$19.72	\$31.58	\$29.58	\$47.37	\$19.72	\$31.58	\$29.58	\$47.37
64-70	\$27.52	\$44.08	\$41.28	\$66.12	\$27.52	\$44.08	\$41.28	\$66.12
71+	\$28.23	\$45.21	\$42.35	\$67.82	\$28.23	\$45.21	\$42.35	\$67.82

Second Event for Initial CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
25-29	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
30-35	\$0.01	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.03
36-39	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
40-44	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
45-50	\$0.04	\$0.07	\$0.06	\$0.11	\$0.04	\$0.07	\$0.06	\$0.11
51-54	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
55-60	\$0.09	\$0.16	\$0.14	\$0.24	\$0.09	\$0.16	\$0.14	\$0.24
61-63	\$0.15	\$0.24	\$0.23	\$0.36	\$0.15	\$0.24	\$0.23	\$0.36
64-70	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60
71+	\$0.25	\$0.40	\$0.38	\$0.60	\$0.25	\$0.40	\$0.38	\$0.60

Group Voluntary Critical Illness Policy Form GCIC3DC
Maximum Annual premiums per unit (without pre-ex and voluntary)

Wellness

Benefit amount	\$50	\$50	\$75	\$75	\$100	\$100
Iss Age	1 Adult	2 adult	1 Adult	2 adult	1 Adult	2 adult
18-24	\$15.00	\$30.00	\$25.20	\$50.40	\$66.24	\$132.48

Second Event for Cancer CI (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
25-29	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
30-35	\$0.03	\$0.06	\$0.05	\$0.09	\$0.03	\$0.06	\$0.05	\$0.09
36-39	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
40-44	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
45-50	\$0.09	\$0.15	\$0.14	\$0.23	\$0.09	\$0.15	\$0.14	\$0.23
51-54	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
55-60	\$0.17	\$0.30	\$0.26	\$0.45	\$0.17	\$0.30	\$0.26	\$0.45
61-63	\$0.27	\$0.43	\$0.41	\$0.65	\$0.27	\$0.43	\$0.41	\$0.65
64-70	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90
71+	\$0.37	\$0.60	\$0.56	\$0.90	\$0.37	\$0.60	\$0.56	\$0.90

Supplemental CI(I/II) (1 unit=\$1000)

	Indiv	Indiv	Indiv/ Spouse	Indiv/ Spouse	Indiv/ Child(ren)	Indiv/ Child(ren)	Family	Family
Iss Age	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco	Non- Tobacco	Tobacco
18-24	\$0.35	\$0.35	\$0.53	\$0.53	\$0.35	\$0.35	\$0.53	\$0.53
25-29	\$0.35	\$0.35	\$0.53	\$0.53	\$0.35	\$0.35	\$0.53	\$0.53
30-35	\$0.35	\$0.35	\$0.53	\$0.53	\$0.35	\$0.35	\$0.53	\$0.53
36-39	\$1.44	\$1.44	\$2.16	\$2.16	\$1.44	\$1.44	\$2.16	\$2.16
40-44	\$1.46	\$1.46	\$2.19	\$2.19	\$1.46	\$1.46	\$2.19	\$2.19
45-50	\$1.46	\$1.46	\$2.19	\$2.19	\$1.46	\$1.46	\$2.19	\$2.19
51-54	\$3.16	\$3.16	\$4.74	\$4.74	\$3.16	\$3.16	\$4.74	\$4.74
55-60	\$3.26	\$3.26	\$4.89	\$4.89	\$3.26	\$3.26	\$4.89	\$4.89
61-63	\$5.63	\$5.63	\$8.45	\$8.45	\$5.63	\$5.63	\$8.45	\$8.45
64-70	\$9.10	\$9.10	\$13.65	\$13.65	\$9.10	\$9.10	\$13.65	\$13.65
71+	\$9.32	\$9.32	\$13.98	\$13.98	\$9.32	\$9.32	\$13.98	\$13.98

No additional charge for children

Unitobacco rates are a weighted average of tobacco and non-tobacco

Composite rates: Requires a census of eligible members of the group to calculate a weighted average of the rates.

Semiannual premiums equal .50 multiplied by the annual premium.

Quarterly premiums equal .25 multiplied by the annual premium.

Monthly premiums equal .08333333 multiplied by the annual premium.

This form has no certificate fee

Rates can be lowered

State:	District of Columbia	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	Critical Illness		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	Cover Letter DC.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	GCIP3_ActMemo_DC_010314.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	Critical Illness		
Project Name/Number:	/		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	



January 3, 2014
NAIC No. 60534
FEIN No. 59-0781901

District of Columbia Department of Insurance

**SUBMISSION
RATE FILING
FORM NUMBER GCIP3DC, GCIC3DC**

Enclosed is the actuarial memorandum in support of the rate changes we are requesting for the above-mentioned form. These forms have composite rating based on a weighted average of the manual rates. These forms were approved on 03/12/2010.

Effective date is upon state approval. This is a rate filing. There are no changes in forms. Rates are lowered by 40%. This is not an Initial Filing. There are no policies in force in DC and therefore no premium impact on DC policyholders.

We appreciate your Department's time and consideration in the review of this filing. If you have any questions regarding this filing, you may contact me at American Heritage Life's home office at 904-992-3582 or via email at tlari@allstate.com.

Sincerely,

A handwritten signature in black ink that reads "Tanya V. Dostie". The signature is written in a cursive, flowing style.

Tanya Dostie
Actuarial Technician, Actuarial Product

Enclosures

American Heritage Life Insurance Company
Jacksonville, Florida

Actuarial Memorandum
Group Voluntary Critical Illness Policy
Forms GCIP3DC, GCIC3DC

1. Scope and Purpose of Filing

This is a rate filing for the approved American Heritage Life Insurance Company's Group Voluntary Critical Illness Policy Forms GCIP3DC and GCIC3DC. There are no changes in forms. This filing is not intended to be used for any other purpose.

2. Description of Benefits A summary of the benefits are listed below. Detailed descriptions of the benefits are in the policy forms.

A. Initial Critical Illness (CI) Benefits

The benefit amount payable for the occurrence of a particular condition is stated as a percentage of the basic benefit amount. The basic benefit amount is the dollar amount of coverage applied for, similar to the Face Amount of a life policy. Benefits are only payable one time under any specific illness/condition. Coverage may remain in force after a benefit is collected. The critical illness/conditions and percentages are noted below. One unit is defined as \$1,000. The basic benefit amount for spouse and dependents is 50% of the primary insured.

Illness/Condition	Benefit %
Heart Attack	100%
Stroke	100%
Coronary Artery By-pass Surgery	25%
Major Organ Transplant	100%
End Stage Renal Failure	100%

The 25% benefit payment for coronary artery by-pass surgery does not reduce the benefit payment for other Initial CI conditions. In order to pay for a subsequent different CI benefit, the CI condition must be separated by at least 90 days.

Waiver of Premium due to a CI – If the primary insured employee becomes disabled due to a critical illness for which a Critical Illness Benefit has been paid and remains disabled for 90 days, premiums due from the first day of disability will be paid. The disability must begin on or after the effective date of coverage. The maximum benefit period is two years.

B. Optional Cancer CI Benefit -

The benefit amount payable for the occurrence of an invasive cancer or carcinoma in situ is stated as a percentage of the basic benefit amount. The basic benefit amount is the same as the basic benefit amount for the Initial CI benefits. Benefits are only payable one time under any cancer condition. Coverage may remain in force after a benefit is collected. The benefit percentages are noted below. One unit is defined as \$1,000. Basic benefit amount for spouse and dependents is 50% of the primary insured.

Illness/Condition	Benefit %
Invasive Cancer	100%
Carcinoma in situ	25%

The 25% benefit payment for Carcinoma in situ does not reduce the benefit payment for invasive cancer. In order to pay for a subsequent different CI cancer benefit, the CI cancer condition must be separated by at least 90 days.

C. Optional Second Event Benefit for Initial CI

This benefit is paid if the covered person is diagnosed more than once with a critical illness for which an Initial CI was previously paid if there is more than 12 months from the diagnosis of the Initial CI. The amount paid is the same amount previously paid under the Initial CI benefit. The second event benefit for Initial CI will only pay once for each Initial CI benefit paid

D. Optional Second Event Benefit for Cancer CI

This benefit is paid if the covered person is diagnosed more than once with a critical illness for which a Cancer CI was previously paid and the covered person is symptom and treatment-free, as defined in the policy, for at least 12 months. The amount paid is the same amount previously paid under the Cancer CI benefit option. The second event benefit for Cancer CI will only pay once for each Cancer CI benefit paid. This option is only available if the Cancer CI benefit option is selected.

E. Optional Supplemental CI (with Occupational HIV) Benefit

The benefit amount payable for the occurrence of a particular condition is stated as a percentage of the basic benefit amount. The basic benefit amount is the same as the basic benefit amount for the Initial CI benefit. Benefits are only payable one time under any specific illness/condition. The critical illness/conditions and percentages are noted below. The basic benefit amount for spouse and dependents is 50% of the primary insured.

Illness/Condition	Benefit %
Advanced Alzheimer's Disease	25%
Paralysis	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Benign Brain Tumor	100%
Coma	100%
Advanced Parkinson's Disease	25%
Occupational HIV	100%

The 25% benefit payment for Advanced Alzheimer's and Advanced Parkinson's does not reduce the benefit payment for other supplemental CI conditions.

F. Optional Supplemental CI (without Occupational HIV) Benefit

The benefit amount payable for the occurrence of a particular condition is stated as a percentage of the basic benefit amount. The basic benefit amount is the same as the basic benefit amount for the Initial CI benefit. Benefits are only payable one time under any specific illness/condition. The critical illness/conditions and percentages are noted below. The basic benefit amount for spouse and dependents is 50% of the primary insured.

Illness/Condition	Benefit %
Advanced Alzheimer's Disease	25%
Paralysis	100%
Complete Blindness	100%
Complete Loss of hearing	100%
Benign Brain tumor	100%
Coma	100%
Advanced Parkinson's Disease	25%

The 25% benefit payment for Advanced Alzheimer's and Advanced Parkinson's does not reduce the benefit payment for other supplemental CI conditions.

Note: An insured can only have one supplemental CI benefit option.

G. Optional Wellness Benefit

Pays \$25 per unit wellness benefits. Limits the benefit payment to once per calendar year per insured.

3. Renewability

Individual certificates can only be terminated for reasons stated in the policy. The group policy is cancelable subject to a 31 day notice, or longer if mandated, and subject to the reasons stated in the policy.

4. Applicability

This is a rate filing of this form. After approval of the gross annual per unit rates, the composite rates for any existing cases will be updated on their next annual anniversary.

5. Morbidity

Morbidity assumptions were developed based on company experience for a group form with a similar benefit structure and statistics based on population studies. Although GCIP3 does not have credible experience, the company experience on another similar Group CI form was applied and premium rates were modified.

6. Mortality

No explicit mortality assumption was used in pricing this form. The persistency rates take into account all causes of lapse, including death.

7. Persistency

The lapse rate assumptions used in pricing this form is for all causes of policy/certificate termination, including death. Lapse rates vary by age and duration. Overall lapse rates based on the anticipated mix are as follows and assumes the average group contract period is 5 years:

Policy Year	Lapse Rate
1	16.8%
2	28.3%
3	24.8%
4	21.7%
5	100.0%

8. Expenses

The expense assumptions used in pricing this form were as follows.

Acquisition:	25.50% of premium at issue \$17.44 per certificate issued \$ 2.18 per optional benefit issued
Maintenance:	\$19.60 per certificate in force 3.92% of inforce premium 1.96% of claims paid
Premium Tax:	2.17% of premium

9. Marketing Method

This product will be sold to employer groups, unions/associations, and other eligible groups on a voluntary payroll deduction basis according with the regulations of your state.

10. Underwriting

Certificates are guarantee issue subject to the requested basic benefit amount is not above the guarantee issue limit. The level of underwriting is based on the basic benefit amount. Late entrants will be subject to evidence of insurability.

11. Premium Classes

Premiums are a composite rate of the age banded gross annual premiums per unit based on a group census. Premium rates will vary by group, coverage type, tobacco-status, benefits selected and with or without pre-ex provision, voluntary or 100% participation, if commissions are reduced and loss ratio. Premiums can change based upon the experience. . Maximum gross annual premiums per unit are shown in Appendix A.

12. Issue Age Range

This form will be available to issue ages 18 and older subject to eligibility requirements.

13. Area Factors

The pricing of this form did not incorporate any area factors.

14. Average Annualized Premium

The average annualized premium assuming the distribution of business listed in item 19 is \$97

15. Premium Modalization Rules

Subject to rounding procedures, following are the premium modalization rules for this form.

Semiannual premiums equal .50 multiplied by the annual premium.

Quarterly premiums equal .25 multiplied by the annual premium.

Monthly premiums equal .08333333 multiplied by the annual premium.

This form has no certificate fee

16. Claim Liability and Reserves

Claim liability and reserves will be developed in accordance with the American Academy of Actuaries' Actuarial Standard of Practice Number 5, "Incurred Health Claim Liabilities".

17. Active Life Reserves

Statutory reserves will be held in accordance with the Standard Valuation Law. Claim reserves will be developed in accordance with the American Academy of Actuaries' Actuarial Standard of Practice Number 5, "Incurred Health and Disability Claims".

18. Anticipated Loss Ratio

Tillinghast's TAS software was used to perform the calculations. Premiums, claims, expenses and other items were projected on a monthly basis over a 5 year period. The lifetime anticipated loss ratio for this form is at least 50%. This is computed as the present value of benefits divided by the present value of future premiums over the projection period. The discount rate is 3.5%.

Policy	Loss
Year	Ratio
1	43.1%
2	49.1%
3	53.7%
4	58.3%
5	63.3%

19. Distribution of Business

Assumes 100% on monthly mode and 100% individual coverage, 100% participation/employer paid, without pre-existing provision and using maximum premium rates indicated in Appendix A.

Basic benefit amount \$5000

Optional Benefit	Utilization
Cancer CI	100%
Second Event Init CI	100%
Supplemental CI	60%
Second Event Cancer CI	10%
Wellness	100% (avg benefit \$75)

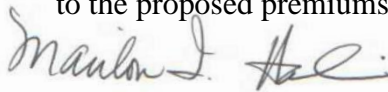
Age	
18 - 25	10.9%
26 - 30	14.4%
31 - 35	15.1%
36 - 39	6.9%
40 - 50	11.4%
51 - 54	14.2%
55 - 60	10.6%
61 - 63	10.1%
64 - 70	4.7%
71+	1.7%

20. Contingency and Risk Margins

No explicit contingency margin was added to claim costs.

21. Actuarial Certification

I, Marilou I. Halim, am an Actuary for American Heritage Life Insurance Company. I am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of your state and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice Number 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", and that the benefits provided are reasonable in relation to the proposed premiums.



Marilou I. Halim, F.S.A., M.A.A.A.

January 3, 2014

Date